

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 12/4/2014 12:00 AM

	ALIGON LUNDER	SAN GRIMES, SECRETAR	Y OF STATE	Fee Receipt: \$90.00
Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of A (Foreign Busin	outhority less Entity)		FBE
Pursuant to the provisions of K on behalf of the entity named b	RS 14A and KRS 271B, 273, 274,27 elow and, for that purpose, submits	75, 362 and 386 the undersigned he following statements:	ereby applies for a	uthority to transact business in Kentu
1. The entity is a :	profit corporation (KRS 271B). usiness trust (KRS 386). mited partnership (KRS 362).	nonprofit corporation (KRS 273). limited liability company (KRS 275	profession profession	onal service corporation (KRS 274). onal limited liability company (KRS 27
2. The name of the entity is	S	outh East Mowing, LLC		
(The	name must be identical to the name o			
3. The name of the entity to be	used in Kentucky is (if applicable):	South East Mowing, LLC		
4. The state or country under w	those levels - W	Only provide if "real name" is unavaila Tennessee	able for use; otherw	ise, leave blank.)
	organiza is_	1011163366		
5. The date of organization is	3-16-2010	and the period of duration	un in	
	h.	and the period of duratio		left blank, the period of duration
6. The mailing address of the en	ntity's principal office is			is considered perpetual.)
236 Holston Institut	e Drive	Blountville	TN	37617
Street Address		City	State	Zip Code
7. The street address of the enti	ity's registered office in Kentucky is			
306 West Main Street	Suite 512	Frankfort	KY	40601
Street Address (No P.O. Box Numb		City	State	Zip Code
and the name of the registered a	gent at that office is National R	egistered Agents, Inc.		
8. The names and business add	resses of the entity's representatives	(coorstant officers and disco		
Dustin C Cooper			managers, trustee	s or general partners):
Name Cooper	236 Holston Institut	e Drive Blountville	TN	37617
	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box		<u> </u>	
	Outot 01 P.O. B0x	City	State	Zip Code
Name	Street or P.O. Box	City	-	
9. If a professional service corpor			State	Zip Code
and treasurer are licensed in one statement of purposes of the corp	or more states or territories of the Unoration.	not less than one half (1/2) of the onited States or District of Columbia	directors, and all o to render a profes	f the officers other than the secretary sional service described in the
10. I certify that, as of the date of	filing this application, the shows now	-d - 12		
11. If a limited partnership, it ele	filing this application, the above-naments to be a limited liability limited p	led entity validly exists under the la artnership. Check the box if app	ws of the jurisdiction	on of its formation.
12. This application will be effective. The effective date or the delayed.	ve upon filing, unless a delayed effectefective date cannot be prior to the of	tive date and/or time is provided. date the application is filed. The da	te and/or time is	
1 Dan			(1	Delayed effective date and/or time)
Signature of Authorized Representati	N	Dustin Cooper, Preside	ent/Owner	12-4-2014
- Simulation Additionized Representati	tive	Printed Name & Title		Data

National Registered Agents, Inc.

Type/Print Name of Registered Agent

Rumberly Feinmetz

consent to serve as the registered agent on behalf of the business entity.

Title